

RECEIVED
CENTRAL FAX CENTER

OCT 31 2008

FAX TRANSMISSION**DATE:** October 31, 2008**PTO IDENTIFIER:** Application Number 10/516,907
Patent Number**Inventor:** Paddock et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** ROPES & GRAY LLP
Tushar Parlikar**PHONE:** (617) 951-7000**Attorney Dkt. #:** ARCU-084-101**PAGES (Including Cover Sheet):** 4**CONTENTS:** POA or Authorization of Agent (2 pages)
This Facsimile cover sheet (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7000 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

ROPES & GRAY LLP
One International Place, Boston, Massachusetts 02110
Telephone: (617) 951-7000 Facsimile: (617) 951-7050

OCT 31 2008

PTO/SB/82 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/516,907
	Filing Date	December 3, 2004
	First Named Inventor	Thomas Paddock
	Art Unit	2615
	Examiner Name	J. Saunders
	Attorney Docket Number	ARCU-084-101

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name Address City Country State Zip Telephone Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Signature Name Date Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated Signature: 

Oct 27 08 02:42p

Sonic Focus

509-697-9182

RECEIVED 003/004
CENTRAL FAX CENTER

OCT 31 2008

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0551-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/516,907
	Filing Date	December 3, 2004
	First Named Inventor	Thomas Paddock
	Art Unit	2815
	Examiner Name	J. Saunders
	Attorney Docket Number	ARCU-084-101

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 28120☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒*Total of 2 forms are submitted.

11344986_1.DOC

10/31/2008 17:32 FAX

OCT 31 2008

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0551-0031

U. S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/516,907

Attorney Docket No.: ARCU-084-101

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on October 31 2008
Date


Signature

Lise Ann Ruggeri

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 951-7000
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

POA or Authorization of Agent (2 pages)
Fax Cover sheet (1 page)
This certificate of transmission (1 page)

11363888_1.DOC